

CHAPTER 4

THE SOUTH AFRICAN WAR

THE South African War—the Great Boer War, as it afterwards came to be called, to distinguish it from its predecessors—is but a dim memory now to those who lived through it. To later generations, whose conception of warfare is based on the earth-shaking struggles of 1914-18 and 1939-45, it must appear as the merest affair of outposts, but it created a world-wide stir in its time, and in order to win it the British Empire had to employ the whole of its military resources—no less than 250,000 men, in fact.

Some of us can still vividly recall the breathless anxiety and suspense with which we followed the events of those first disastrous months. The British garrisons of Cape Colony and Natal had been rounded up and besieged in Kimberley in the west, Ladysmith in the east, and, far to the north, in the little township of Mafeking; and at one time it seemed doubtful whether these could hold out until Sir Redvers Buller and the British Expeditionary Force could arrive from England to relieve them.

The Boers in fact had proved far more formidable opponents than had been anticipated. They possessed no regular military organization and military discipline was practically non-existent; but each man was a crack shot, and since every one of them owned a horse, their extreme mobility imposed a sore strain upon the slow-moving British infantry. Moreover, they possessed no uniforms, which made it a simple matter for a Boer warrior in a tight corner to conceal his rifle in the thatch and resume *pro tem.* the role of peaceful farmer.

In the early battles of the campaign, during the winter of 1899—Graspan, Modder River, Magersfontein, and Colenso—our

troops invariably assumed the offensive: advancing over open ground and in open order against a host of sharpshooters well dug in, usually on higher ground, and screened by a barbed-wire fence which brought the attack to a temporary halt and furnished a concentrated target. In any case, the attacking troops had no shelter except an occasional donga or anthill. Practically all the wounds incurred by our men were bullet wounds: shell-fire was responsible for only about 5 per cent.

It should be added that in these engagements the Boers seldom fought to a finish: having inflicted heavy loss on their opponents they were accustomed to retire quietly, usually under the cover of night, mount their horses, and ride away to fight another day.

This unprofitable form of warfare came to a lamentable climax shortly before Christmas 1899—the Black Week, so called—when the news arrived that no less than three British attacks had been heavily repulsed within a few days of one another, at Colenso, Stormberg, and Magersfontein.

The result (and not before it was time) was the appointment of the veteran Lord Roberts as Commander-in-Chief, with Lord Kitchener, the recent victor of Omdurman, as his Chief of Staff.

On arrival in South Africa Lord Roberts immediately abandoned the idea of directly relieving the beleaguered garrisons. Instead, he advanced straight up country towards the heart of the enemy's position—Bloemfontein, the capital of the Orange Free State. His strategy was completely successful. To obstruct his progress the Boers were compelled to detach troops from the sieges of Ladysmith and Kimberley, with the result that both were relieved in the early spring. A little later the Boer general Cronje was rounded up at Paardeberg, with 5,000 men, and by the middle of March Bloemfontein was entered and occupied. Pretoria fell later, and President Kruger slipped away to Europe. From the middle of 1900 it was plain that there could be but one ending to the war, though the enterprise and gallantry of the Boer Commandos, under such leaders as Botha, de Wet, and Jan Christian Smuts, in his later days a Field-Marshal of the British Empire, prolonged it for another two years.

II

Such, in brief outline, was the operational character of the South African War. We turn now to the human element, and in particular the task imposed upon the Army Medical Services.

The outstanding problem, from first to last, was that of transport. The illimitable veldt stretched everywhere for hundreds of miles—a striking contrast to the narrow confines of the Crimea—and mechanical transport was as yet unknown. The only method of large-scale transport was by Cape cart, or even ox-wagon.

The removal of the wounded from battlefield to hospital was organized in three stages. First, the man had to be conveyed from where he lay to the nearest field hospital. It was soon found that to undertake this task under fire—extremely accurate rifle-fire—was more dangerous for the wounded than to leave them where they lay, for a man lying flat is much less likely to be hit than a man sitting up. It was discovered, too, that in that dry and bracing climate a man suffering merely from a bullet wound, or wounds, could be left out in the open for a surprisingly long time and be none the worse. (Indeed, there is a case on record of an officer of the Highland Brigade, shot through the lungs at Magersfontein, who lay out for forty-eight hours before he could be removed, when it was found that his very immobility had prevented serious hæmorrhage, and that the wound had begun to heal itself. He made a good recovery, and lived to fight again in the First World War.)

From the Field Hospital the wounded man was conveyed to a so-called Stationary Hospital, situated somewhere down the Lines of Communication. Ambulance vehicles were scarce and primitive, and if the distance was not too great the wounded were carried on stretchers. (A considerable number of Indian orderlies were specially employed for this work.)

The Stationary Hospital usually consisted of a group of corrugated iron huts. Here the patient was tended until he was strong enough to endure the journey to the railway, and thence

to the Base. For this purpose a horse-drawn wagon was employed; or better still, an ox-wagon. The slow, plodding progress of the oxen was soothing to the patient, who lay upon a hay-mattress, while the considerable interval between the front and rear axles minimized jolting.

Once arrived at the railway, all discomfort ended, for the hospital trains which had been sent out from home were of the most modern type and perfectly equipped. Each had accommodation for two Medical Officers, two Nursing Sisters—the patient's earliest foretaste of the Q.A.I.M.N.S.—male orderlies, a kitchen, a dispensary, and 120 lying-down cases. The railhead, it should be noted, was the nearest point to the battle-line to which Army Nursing Sisters were at that time allowed to penetrate.

There were five such trains in the Western Section, based on Capetown, and two based on Durban. One of these took pride of place over all the others. It had been christened the Princess Christian Train, in acknowledgment of the gracious and efficient leadership of Queen Victoria's third daughter in the organization of the Army Nursing Services of that era.

This brings us to the Base Hospitals, situated, hundreds of miles from the sound of the guns, in and around such great sea-ports as Capetown and Durban. Perhaps the best-remembered of these is No. 1 General Hospital at Wynberg, an eight-mile tram-ride away from Capetown—a circumstance highly convenient to a Nursing Sister on her afternoon off.

The South African War was naturally responsible for a further development in the extent and efficiency of the Army Nursing Services. At the outbreak the total establishment of Nursing Sisters stood at: One Lady Superintendent, nineteen Superintendent Sisters, and sixty-eight Sisters. By the end of the war no less than twenty-two General Hospitals had sprung into existence, each of 500 beds or more, and even these were insufficient to accommodate all patients. As the British Army consolidated its occupation of Boer territory, various public buildings such as town halls and schools up and down the country, were requisitioned as auxiliary hospitals. At one of these hospitals, in

Bloemfontein, Lord Roberts' own daughter was stricken by enteric. She was nursed back to health by an Army Nursing Sister who, though long retired from active service, is still happily with us.

Queen Alexandra (the Princess of Wales, as she then was) showed early interest in this project, and herself enlisted a contingent of nurses for South Africa from the staff of London Hospital. A large number of these Nursing Sisters became permanently absorbed in the Service; others remained in the Reserve.

From this time on the proportion of Nursing Sisters grew steadily, for official opinion had at last been converted to the view that 'There is no doubt that in a base hospital the actual nursing should always be entrusted to women.' This was progress indeed.

In the whole course of the South African War some 1,800 trained nurses were sent out, eighty of whom came from Canada, Australia, and New Zealand.

III

Conditions in the South African base hospitals, not unnaturally, showed a vast improvement upon those of the Crimean War, already more than forty years distant. The reason was threefold. Firstly, anæsthetics were now available and in general use; secondly, scrupulous cleanliness everywhere was an accepted canon of hospital management and not merely regarded as a private obsession of Miss Nightingale's; and thirdly, the Nursing Sisters themselves were all women highly qualified both by training and character.

Of course, everything did not run too smoothly at first. Nothing ever does in war-time. Even an establishment as well ordered as Wynberg General Hospital found it difficult, in its beginnings, to achieve the Nightingale standard of *Sanitas Sanitatum*. The conditions under which the Nursing Sisters lived and worked were far from satisfactory. In the first place the authorities, with a mistaken regard for the proprieties, enjoined that Sisters on night duty must not remain continuously

in the wards. Instead, they were relegated to a shed (known as The Bunk) close by, and were only supposed to enter a ward when summoned by an orderly. This arrangement involved much tramping to and fro in the dark between Bunk and Hut; in wet weather the mud was sometimes ankle-deep. (This last is feelingly described by a young member of the Army Nursing Reserve, in a letter to her family at home, as 'appauling'.)

In the second place many of the buildings, we are told, were infested by bugs—a not infrequent occurrence in the South Africa of those days—and for the protection of the patients it was found necessary to stand the legs of the beds in jam-tins filled with a chemical insecticide.

The hospital orderlies, too, were apt to be somewhat informal in their habits. Major-General J. F. C. Fuller, who as a subaltern spent some weeks in Wynberg Hospital during the early part of the war, tells us in his reminiscences that his bed stood next to the door of the operating theatre, from which one morning there emerged an orderly, jauntily carrying a newly amputated human leg under his arm, on its way to its place of interment.

Finally, the patients in some of the base hospitals, especially in the neighbourhood of Capetown, suffered severely during the earlier stages of the war from the attentions of a self-appointed body of Ministering Angels. The hotels swarmed with these ladies, who had arrived from England with the avowed intention of 'nursing the wounded'. Indeed, a legend survives to the effect that during what may be termed 'rush hours' more than one long-suffering warrior felt constrained to hang at the head of his bed a card bearing the notice: 'I am too ill to be nursed today.'

This campaign of benevolence, needless to say, came to an abrupt conclusion with the arrival in Capetown of Lord Kitchener, a bachelor by habit and inclination, and no mean disciplinarian to boot. He speedily disbanded the sisterhood, and dispatched most of them back whence they came. Thereafter the base hospitals were enabled to pursue a less disturbing and more efficient routine.

Every type of patient was to be found in the hospital wards, from British Staff Officers to Boer prisoners of war. Two of

these latter were men of unusual and unfortunate distinction. Their names were Scheepers and Kritzinger, and both held the rank of General, for they had been leaders in a serious rebellion of a section of the Dutch-speaking population of Cape Colony. Unlike the people of the Transvaal, and the Orange Free State, they ranked as British subjects. Each accordingly was liable to be brought to trial, and perhaps shot, on a charge of high treason. It was the lot of one particular Sister, in Naauwpoort Hospital, to tend the wounds of this unhappy pair and restore to them some measure of health—a measure sufficient, in other words, to fit them for the firing-squad. Both were well-mannered, educated men, and the grim fate which probably awaited them upon achieving convalescence through her ministrations, prayed heavily upon Sister's mind. To her intense relief one of them, General Kritzinger, was ultimately reprieved.

Here is her personal reaction to another, but similar experience.

There is a sentry on duty day and night, marching up and down, and the hut is closed round with barbed wire. When I go in in the night to dress their wounds, I have to ask the sentry to unlock the door, which he does after much fumbling. I go in, and the door clangs behind me and is locked. I am then at the mercy of twelve Boer rebels and a sentry who belongs to Marshall's Horse and is usually talking Dutch to them. (Funny, isn't it, to have a Dutch sentry to look after Dutch rebels?) I find the rebels most polite to nurse. Their wounds are all healing, which is rather sad in a way, as probably all will be hanged or transported as soon as they can crawl out of bed.

IV

Life at Naauwpoort, which was a 'Stationary Hospital'¹ differed considerably from that at a base hospital. In the first place Naauwpoort itself lay far to the north of Cape Colony,

¹ So called, apparently, because it was movable.

almost on the border of the Orange Free State, subsequently rechristened The Orange River Colony, and consequently quite near the battle zone.

We are living in exciting times here [writes another Sister]. Troops arriving daily, with field hospitals, and ambulance waggons drawn by six yoke of mules. Tents are pitched on all the hills round. We feel quite at the front, and hope de Wet won't be long in coming.

We are having quite exciting times with the Boers so near, and are constantly getting trainloads of wounded men in. We can't walk a hundred yards from the hospital after dark without being challenged by the sentries for the countersign. 'Kitchener!' 'England!' 'Cape!'—words like that.

We went to Church tonight in a marquee. The Wilts Band played the hymns, and the Tommies sang lustily. Most of the troops have just come down from Pretoria, and look so worn and tired out.

Life at Naauwpoort, generally speaking, offered more scope for adventure than in suburban Wynberg. There were voyages of discovery over the veldt, in a Cape cart which occasionally capsized and caused minor casualties. On one such occasion the mules bolted, and ended by depositing a party of Sisters in a donga, or dry ditch, fortunately without permanent injury.

There were also such fearful wildfowl as ostriches to be encountered.

Yesterday [reports one letter home] we drove out to a Dutch farm to have tea. It was funny to sit in a room with a polished floor and paper on the wall. There were also some terrible water-colours. They presented us each with an ostrich egg weighing about two pounds.

Coming home we met two enormous ostriches (the donors of the eggs) lying right across the road. Our mules were terrified: they swung round and bolted across the veldt. We had a soldier driving, so luckily he was able to pull

them up. The real question was how to get the ostriches off the road. If the soldier got down the mules would certainly bolt again. Luckily we spied some Kaffir children, who were made, with some difficulty, to understand what was wanted of them. These tiny kids then ran at the ostriches, and the ostriches ran for their lives.

One feels that Florence Nightingale would have routed those ostriches single-handed.

Mention of farm-house hospitality brings us to the relationship in general existing between the Boers and the Army Nursing Services.

The service of the Royal Army Medical Corps was, by immemorial tradition, not merely at the disposal of enemy prisoners, but of the entire civil population of occupied enemy territory; and Boer mothers did not hesitate to bring ailing children to the nearest British military hospital for the necessary aid and comfort, with the full cognizance and approval of their menkind, to whom the Red Cross was as sacred a symbol as to ourselves. Such was the invariable practice in what has been called 'The Last of the Wars of Gentlemen'.

The experience of our Nursing Sisters in this respect was twofold. There were their relations firstly with the civil population, chiefly in Cape Colony, and secondly with wounded prisoners of war, most of whom came from the Transvaal and Free State, in the great base hospitals of Capetown and Durban.

The Cape Dutch were the least happy participants in the war, for they were British by adoption and Boers by origin. Most of them were loyal enough to the British Crown, but their allegiance was sorely tried by the fact that they had many close relatives fighting on the other side. Worst of all, if they rebelled, as many did, and were taken prisoner, they had to receive the treatment not of an honourable opponent but of a traitor. The Nursing Sisters soon realized this, and many are their expressions of sympathy for these unhappy men—as in the cases of Scheepers and Kritzinger, already quoted.

But the Boer wounded from the Transvaal and Free State were



The T.F.N.S. setting out for the Coronation of King George V and Queen Mary



Q.A.I.M.N.S. assembling to attend the Coronation, 1911 (*Imperial War Museum*)



King George V with the Matron of a C.C.S. at Remy, 1916 (*Imperial War Museum*)



Queen Mary visiting a hospital at Rouen, 1917 (*Imperial War Museum*)

cheerful enough. They were out of the war, they were being treated with a kindness which most of them quite failed to understand, and knew that when their wounds were healed they would be kept safe in a great seaside camp until the war was over and they could go home again.

If you want a description of one of those camps, read Rudyard Kipling's story 'The Captive', in *Traffics and Discoveries*.

Once the disasters of 1899 and early 1900 had been retrieved, and Lord Roberts was on his way to Pretoria, our base hospitals were occupied chiefly by enteric cases and Boer wounded. The Sisters took a lively interest in these latter patients, as the following extract from a letter home testifies:

I am having rather an amusing time just now, as I am nursing some wounded Boers. They are so funny, stalking about with their beards and talking Dutch. The absurd part of it all seems to be in dressing wounds which have been inflicted by our own soldiers.

Some have been in bed for months with gunshot wounds right through their legs or lungs. They are very good to each other, and if there is anything to be done they all crowd round the beds, offering their assistance and jabbering in Dutch—most probably about *me*! They are given every luxury in the way of food, and are well treated.

They are very amused because I wear a Kruger coin as a brooch. 'Fancy you wear our Oom Paul!' they say. As it is Sunday they have all been reading their Bibles, much to the amusement of some of our English Tommies.

V

The climate of South Africa is proverbially dry and healthy, and our wounded, who were mostly young men in the pink of condition, usually made a quick recovery. Moreover, hospital catering had advanced a long way since Scutari days, and the diet of the patients was both abundant and varied. Most of the

meat came from Australia, on ice; and the ice, having served its primary purpose, was next available for hospital refrigeration uses—a considerable boon in the days when the art of manufacturing ice artificially was as yet in the experimental stage. Fresh vegetables were more difficult to obtain, but no cases of scurvy—that ancient menace to sailing ships at sea and dwellers in arid regions ashore—were reported throughout the campaign.

As regards the catering arrangements for the troops actually in the field, the reader may here be reminded that the Army Service Corps, established in 1881, had now grown into a smooth-running and highly efficient machine: with the result that in South Africa the British Army was regularly and adequately fed for the first time in its long history. Only once during the war was a shortage of rations recorded—during Lord Roberts' great forced march from the Modder River to Bloemfontein in the spring of 1900.

Before leaving the subject of casualties, we must take note of the extremely high proportion, in the South African War, of sick to wounded.

The number of men actually killed and wounded in South Africa was surprisingly small, at any rate by comparison with the First World War and its million dead. The figures usually worked out at about 3 or 4 per cent of the number engaged. Our heaviest losses in this respect were at Magersfontein, where the attack was delivered under cover of night and was brought up short by barbed wire. The Kimberley Relief Force lost 315 killed, or 2 per cent, with 1,512, or 9.5 per cent, wounded.

We have to remember one point, however. The figures quoted of men wounded refer only to wounded men actually conveyed from the battlefield: if we include the number of those who died within forty-eight hours of reaching hospital, the proportion of dead is increased fourfold.

Officer casualties were proportionately higher than those of the rank and file, which was hardly surprising, since the British officer, by immemorial tradition, invariably goes into action in advance of his men. The advent of mechanized warfare and armoured vehicles have done something to equalize these risks.

The inordinately high proportion in South Africa of sick to wounded, already noted, was due in the main to the dust, which penetrated everywhere; to the flies; to such minor ailments as veldt-sores, and finally and outstandingly to the drinking of impure water. The last was almost entirely the fault of that incorrigibly casual individual—an Absent-Minded Beggar if ever there was one—Thomas Atkins himself.

On the march each man was provided with a full water-bottle, the contents of which on a hot day—and in South Africa the sun-temperatures were often as high as 115° F.—he has usually disposed of within an hour or so. Thereafter, too indolent or too casual to take any reasonable precautions, he was accustomed to replenish his water-bottle at the nearest available source—a stagnant pool, or even the muddied water of a stream from which transport animals were actually drinking.

The results were automatic—enteric, dysentery, and the death of hundreds of otherwise healthy young men. The total number of deaths in the South African War was about 22,000. Of these only 6,000 were due to wounds received in action: the remainder were caused by sickness, largely preventable.

Thanks to modern methods of inoculation, that danger has now passed. Today, at the cost of a few days' personal discomfort, a man—and a woman too—can be rendered practically immune to enteric, cholera, tetanus, and all other ills indigenous to overcrowding and insufficient sanitation. In other words, the increase in the modern soldier's expectation of life, thanks to the hypodermic needle, by far surpasses that provided by the stoutest of armoured vehicles.

VI

Such then, in brief outline, were the services rendered to the sick and wounded of both sides by the Army Nursing Sisters during the Great Boer War. It was only natural that with the passing of time and the steady awakening of the public conscience, the conditions under which the Army Nursing Sisters of South Africa served should have been immensely superior to those

experienced (or rather, endured) by their predecessors of more than forty years ago. They were properly organized, they were as comfortably housed as active service conditions permitted, they were well fed and suitably clothed, and they were animated by an *esprit de corps* only attained by common effort and a high ideal.

Of course discipline was strict—perhaps unnecessarily so by modern standards. Sisters were forbidden to smoke, apparently because of the possible demoralizing influences of such a spectacle upon Thomas Atkins. At least, such may be gathered from a furtive postscript to one letter home:

I am dying to smoke a cigarette, but the orderly has not been in to take away my dinner-tray yet, so I don't like to commence.

But everyone seems to have taken the rough with the smooth cheerfully enough. Discomforts arising from extreme of climate—rain, mud, bitter cold, or summer temperatures of 115° F. are merely mentioned as seasonable topics. General health was good, though not all the Sisters escaped enteric or other ills of active service; but these seem to have been accepted as part of the adventure of campaigning.

There was not a great deal of officially approved social intercourse, for female virtue, as already noted, was still rigidly safeguarded, but spare time seems to have been occupied contentedly enough. There were neighbouring towns to be visited and the spacious veldt to be explored: and there were various minor distractions and hobbies. Nearly everyone became a philatelist in a small way, sending home Transvaal and Free State stamps to be added to the collections of insistent small brothers. Several Sisters too possessed cameras, and were thus able to illustrate their letters with snapshots. Their only difficulty at times was to obtain access to the dark room. At Wynberg this apartment could only be reached by traversing the sleeping quarters of a certain medical major: and this meant that through traffic had to be suspended when that highly sensitive officer was in bed.

But in two respects the conditions under which the Army

Nursing Sisters in South Africa and Florence Nightingale's devoted followers in the Crimea performed their arduous duties remained unchanged. In the first place women still lacked official status as regular members of the Forces of the Crown, and in the second the activities of Army nurses were still restricted to regions widely removed from the battle zone and the range of the guns. The march of time, as evinced in the first case by tardy official recognition of gallant service, and in the second by the demands of total war, was destined to effect a radical change in both situations.

Let us consider to what extent the experiences of the South African War accelerated the progress of reform in these matters.